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HOSPITAL NOTES AND MEMORANDA.

BY J. BAXTER UPHAM, M.D., SURGEON IN CHARGE OF STANLY GEN. HOSPITAL, EIGHTEENTH ARMY CORPS.

[Communicated for the Boston Medical and Surgical Journal.]

Cases illustrative of the so-called "Congestive Fever," or Cerebro-spinal Affection which has recently appeared in the Camps in and around the town of Newbern, N. C.

I PROPOSE, in the present paper, to give, in outline, a few brief notes of the cases of this affection as it has presented itself in hospital during the last two or three months. The disease (so far as I can learn) has, in every case, originated in the camps adjacent to the town, whence it has been brought into the hospital at an earlier or later stage of its progress. The records here submitted are from the note-books of my associates on the medical and surgical staff of the Hospital, and the autopsies were made—under my own inspection mostly—by the attending surgeons in whose wards they occurred.

The four cases first adduced were in the service and under the care of Assistant Surgeon J. Q. A. Meredith, of the 103d Regiment Penn. Vols.

CASE I.—J. M., a private, aged 19, was admitted to Hospital on the evening of January 16th, in a moribund condition. No previous history of his case could be obtained, further than that he had been attacked the night before, suddenly and violently. When admitted, he was unconscious, having frequent epileptic spasms; frothing at the mouth; pupils insensible to light. Tonics and stimulants, in large doses, were prescribed, and stimulating injections were administered; these last were not retained, but brought away immediately large quantities of hardened fæces. Sinapisms were applied over various parts of the body and limbs.

17th.—No improvement; skin moist and moderately warm; pulse 160, irregular, soft and very compressible; spasms growing worse; stimulants assiduously employed. Died, without a sigh, at 4, P.M.

Autopsy, twenty hours after death. *Head.*—Investing membranes

of the brain were found much congested—the substance of the brain itself slightly so, with a deposit of pus-colored fluid within the ventricles and at the base of the brain, and upon the lobes of the cerebellum. *Chest.*—Lungs greatly congested; more posteriorly than anteriorly. Heart normal in size, with a deposit of lymph in both ventricles. Stomach healthy. Liver normal. Spleen of natural size and highly congested. Kidneys and Peyer's glands healthy.

Case II.—J. C., a private, aged 17, was admitted to Hospital Jan. 10th. No statement of his previous condition received. When admitted, he was in a high state of delirium, with a hot and arid skin; tongue dry and almost impossible to protrude; abdomen tympanitic; pulse frequent and feeble; surface of a livid color. He had involuntary discharges from the bowels, of a blackish hue. His respiration was hurried and difficult; extremities cold. Prescribed pil. hydrarg., gr. i. every hour; quinia, gr. ij. every two hours. Hot applications to back, abdomen and extremities. Whiskey and beef-tea.

Jan. 12th.—No abatement in virulence of symptoms. Continued pil. hydrarg., with an equal amount of pulv. ipecac. every hour. Quinia, grs. iij., every two hours. Continued whiskey, beef-tea and hot applications.

13th.—Growing worse; constant muttering and occasional exclamations. Continued treatment, adding neutral mixture and acid drinks, with sinapisms to chest.

14th.—No improvement. Applied blister to chest and back of neck. Quinia, gr. v., every two hours. Morphia at bed-time, to check diarrhœa.

15th.—Moribund. Died at 4, P.M.

Autopsy, twenty hours after death. Body small, spare, somewhat below the medium size; external appearance of a dark livid hue. *Head.*—Upon removing the calvarium, the investing membranes of the brain were found to be somewhat congested. On cutting into the substance of the brain, some points of blood exuded, more prominent than natural. The arachnoid presented a slightly clouded appearance. In other respects normal. *Chest.*—Heart normal; lungs greatly engorged, more so in posterior and dependent portion, where were found circumscribed spots of discoloration, varying in size from that of a split pea to a five-cent piece, resembling somewhat the condition of pulmonary apoplexy. The same appearance, though less marked, anteriorly. *Abdomen.*—Spleen nearly double its natural size, greatly engorged with blood. Liver slightly enlarged and somewhat congested. Kidneys normal. Stomach healthy. Peyer's patches in a few instances more prominent than natural, friable, apparently, with, in one case, ulcerative points; not having, however, the legitimate appearance recognized in typhoid fever. Other organs healthy.

Case III.—C. B., private, aged 18, was admitted into Hospital Jan.

16th, in a moribund condition. He had been on duty the day previous, and was attacked in the afternoon with chills, headache and delirium. Cups were applied to the back of the neck, and cathartics and quinine were administered freely. Upon entering the hospital, his breathing was irregular, difficult and accompanied with groaning; 44 inspirations in a minute. His pulse was imperceptible. There was a mottled appearance of the skin, approaching petechia. Percussion of chest clear anteriorly; the extremely low condition of the patient precluded percussion posteriorly. Directed enema of spts. vini gallici, ʒ iv.; ol. terebinth., ʒ i. M. Whiskey and quinine to be given freely. Sinapisms applied to back of neck, spine, abdomen and extremities.

The patient died at 4 o'clock, P.M.

Autopsy, twenty hours after death. Body of medium size and well developed. *Head.*—Brain but slightly congested in its substance, having at its base a deposit or exudation of tenacious consistence, presenting much the appearance of false membrane, conjoined with a pus-colored fluid, most noticeable and abundant around the origin of the nerves of sense and on the base of the cerebellum. The same substance also occurred in the ventricles. No alteration in the texture of the brain itself. *Chest.*—Lungs extensively congested, more posteriorly than anteriorly; the upper portion interspersed with tuberculous deposits; the lungs were generally crepitant, with well-defined spots, resembling those of pulmonary apoplexy. Heart normal in size, with extensive deposits of lymph in both ventricles. Old adhesions of both lungs to pleura, and of left to diaphragm. *Adomen.*—Liver enlarged and congested. Stomach healthy. Spleen enlarged to double its natural size, and greatly congested. Kidneys normal. Intestines healthy. No alteration of Peyer's patches.

Case IV.—S. P., a private, aged 32, was brought to Hospital Jan. 16th, in a moribund state. No history of his previous condition given, though we learned from his comrades that he was attacked suddenly the day before. Quinine and whiskey, with capsicum, administered in free doses. Brandy and spirits of turpentine given in enema.

Jan. 17th.—Patient this morning was lying on his right side, his head thrown back, groaning heavily, giving indications of great pain. He was roused with difficulty. His skin was moist and moderately warm; sordes on teeth; tongue dry and inclined to black; pulse 120, weak and compressible, inclined to intermit; petechial eruption on limbs; percussion good in front, flat posteriorly. Treatment of previous day continued. Sinapisms also applied to back of neck and chest, abdomen and calves of legs.

Evening.—Growing worse; powers rapidly failing; totally unconscious and insensible. Same treatment continued with more vigor, accompanied with frictions along the spine

Jan. 18th.—Died at 7, A.M.

Autopsy, six hours after death (conducted by Dr. Fisher, Assistant Surgeon of the 44th Mass.). Cadaver of good size, well developed; no emaciation. Rigor mortis very strongly marked. A few petechial spots are to be seen upon the arms and hands. *Head.*—On removal of the calvarium signs of congestion were apparent, the veins of the investing membranes being considerably engorged, beneath which a purulent lymph-like substance was observed, thinly spread over the surface of the brain—upon the base and between the lobes of the cerebellum particularly—and, in greater abundance, about the origin of the nerves, and upon the surface of the medulla oblongata. The same substance was also seen in the lateral ventricles, being here more opaque and thickened than elsewhere. The substance of the brain itself was apparently normal. *Chest.*—Lungs moderately congested, more posteriorly than anteriorly, crepitant throughout; old adhesions upon the left lung. Upon opening the pericardium, an abundance of diffluent lymph, easily washed away with water, was observed; its inner surface uniformly congested. The ventricles of the heart were filled with dark fluid blood, which subsequently clotted in the basin. There were no fibrinous deposits; size and texture of heart normal. *Abdomen.*—Stomach not examined. Liver normal in size and appearance. Spleen enlarged and slightly softened; of a deep maroon color. Kidneys normal. Small intestines, in the space of two feet from cœcum, showed Peyer's glands, in one or two instances, more prominent than natural; in one case, some loss of substance, not amounting to ulceration; one or two patches a little raised or thickened perhaps. No redness or congestion of the mucous membrane.

The cases which follow occurred in the wards under the charge of Dr. J. B. Treadwell, Asst. Surgeon of the 45th Mass. Vols.

Case V.—J. M., a private, aged 21, was received into Hospital on the 14th of January, in an algid condition, exhausted and delirious. The statement of his regimental surgeon, Dr. Robert Ware, is to the effect that he was seized, on the 12th, with a chill, followed by high febrile excitement, with a full pulse, and, at first, a hot skin; soon after became delirious. He had been treated with full doses of quinine, the free administration of stimulants, and cupping at the back of the neck. A similar line of treatment was continued on his admission to the Hospital.

Jan. 15th.—Passed an unquiet night, with but little sleep. There was constant muttering delirium and jactitation; pulse 80, very weak; skin cool and moist; respiration quiet; bowels open; marked subsultus tendinum.

Evening.—Symptoms much the same, but aggravated.

Died at 12 o'clock, midnight.

Autopsy, twelve hours after death. Body well developed; no emaciation; rigidity about as usual. *Head.*—Both ventricles of the

brain were greatly distended with a semi-opaque fluid, having a pus-like deposit at the bottom. This same deposit was also manifest at the base of the cerebellum, and entangled about the origin of the nerves of sense, where it was abundant, lymph-like, somewhat tenacious, much resembling false membrane in appearance, and could be traced onward, by carefully unfolding the convolutions, into both lateral ventricles. *Chest.*—About three ounces of fluid were found in the pericardial cavity. Heart below the normal size; mitral valves a little thickened; very firm adhesion of the pleural surface throughout the whole of the left side. Right lung, with the exception of a small portion of anterior lobe, congested. Left lung one third smaller than natural—the result of disease. *Abdomen.*—Liver of natural size; external appearance good; interlobular veins somewhat congested. Spleen normal. Kidneys healthy. Stomach slightly congested, with cadaveric softening along its greater curvature. Peyer's patches appeared slightly engorged and enlarged, and were more prominent than natural.

Case VI.—G. B., a private, aged 21, was received into Hospital in evening of the 19th of January. The statement of his regimental surgeon, Dr. Robert Ware, was as follows:—"Patient was attacked suddenly with symptoms of a severe cold, and some disposition to paralysis of the tongue and muscles of the face. He was treated with quinine in half-drachm doses, stimulants and beef-tea, and was cupped to the extent of five ounces at the back of the neck. Reaction came on, though incompletely.

"Jan. 19th.—Same treatment continued, but he has become gradually worse, and, since noon, delirious."

Evening.—Patient, on admission into Hospital, appeared in a state of complete exhaustion, almost amounting to collapse, death following immediately.

Autopsy, twelve hours after death. Body of medium size, but little emaciated. Rigor mortis great. Arms, chest and legs studded with petechial spots, of one, two and three lines in diameter. *Head.*—The membranes of the brain but little, if any, congested. Slight cloudiness on the superior surface visible through the membranes; a little opacity of the arachnoid noticed; otherwise nothing abnormal. *Chest.*—Lungs more than usually engorged, especially at dependent and posterior portions; crepitant throughout. The pericardium contained six or eight ounces of sero-purulent fluid, holding in suspension masses of flocculent lymph; both surfaces covered with a layer of lymph, of sufficient thickness and consistency to be torn off like a membrane, having the appearance, in fact, of genuine false membrane; some fibrinous clots in the ventricles, and thickening of the mitral valves. *Abdomen.*—The liver, spleen and kidneys were normal; mucous membrane of stomach and intestines also natural. Peyer's patches healthy.

Case VII.—O. W. W., a private, aged 22, was suddenly attacked,

according to the statement of his regimental Surgeon (Dr. Newton), on the 13th of January, with violent headache, accompanied with hot skin and full pulse.

14th.—All symptoms aggravated, with retention of urine.

Jan. 15th.—Admitted to Hospital in a state of high febrile excitement; pulse 70, full and moderately strong; hot skin; dusky hue of face; easy respiration; much delirium, patient frequently attempting to get out of bed. Prescribed wine, ʒ i. every two hours; quinine, gr. vi. every three hours; also, hyd. chlor. mit., gr. xv., to be taken at once, to be followed in three hours with carb. ammon., gr. v. Delirium still increased; skin became cool and moist, with less febrile excitement. [The further notes of this case have been mislaid.] All symptoms, however, became rapidly aggravated; delirium gave way to symptoms bordering on coma; the respiration became hurried; involuntary discharges increased, and the patient died, with but slight signs of exhaustion, on the 22d of January.

Autopsy, four hours after death. Subject of medium size. No petechiæ (a few spots had appeared, during his illness, upon the left forearm). No rigor mortis. *Head.*—Dura mater healthy; upper surface of brain slightly engorged; on the base of the brain, around the origin of the nerves of sense, and upon the medulla oblongata especially (sheathing this latter completely), was observed a deposit of consistent, pus-like lymph of about two lines in thickness, extending also into the crevices of the brain and cerebellum. On opening the ventricles, a gush of dirty, semi-opaque fluid exuded, and, at the bottom and posterior parts, flakes of lymph were seen. The right lateral ventricle contained, in its posterior part, about a drachm of this lymph-like matter. *Chest.*—Heart normal. The left lung of slate color, and has on its posterior aspect a hepatized look and feel. Bronchiæ filled with tenacious lymph-like substance, of a consistency sufficient, in some parts, to be drawn out by the forceps. The lung, indeed, was in a state of red hepatization. *Abdomen.*—Stomach healthy. Liver of normal size, a little congested. Gall-bladder distended with dark fluid bile. Kidneys natural. Spleen very small, not congested, of lighter color than natural. Peyer's patches natural.

Case VIII.—D. N. H., a private, 18 years of age, was admitted to Hospital on the 13th of January. His previous circumstances and condition, according to the statement presented by his regimental surgeon, Dr. Kneeland, were as follows:—"Patient was of nervous temperament and of rather slight figure—had always enjoyed good health up to the present time. In the forenoon of January 28th, had a slight chill, which was succeeded by violent headache and pain in back and limbs; he had slight epistaxis; urine was scanty and high colored. ℞. Ol. ricini, ʒ i. ℞. Spts. eth. nit., ʒ i., every two hours.

"29th.—No better; all symptoms increased in severity; complains

of ringing in ears; pulse full and frequent; tongue furred; some cough. Treatment continued."

30th.—Had, on admission to Hospital, the following symptoms:—Skin hot and dry; severe headache, particularly in occipital region; head thrown back; tongue dry, and dark colored in centre, with white edges; abdomen natural; extremely violent delirium. ℞. Liq. ammon. acet., spts. eth. nit., aqua camph., aa ʒ i.; chloroform, ʒ ss. M. S. ʒ ii. every two hours. Sinapisms to feet. Beef-tea and farinaceous diet.

31st.—Rather more quiet. Symptoms, with the exception of delirium, quite as marked as yesterday. Rather profuse epistaxis. ℞. Ol. terebinth., ʒ iv.; syr. simp., ʒ i. M. S. ʒ i. every three hours.

Feb. 1st.—No better; slight diarrhœa; pulse 124, less full. ℞. Quiniæ sulph., ʒ ss.; acid. sulph. arom., gtt. xv.; aqua font., ʒ x. M. S. ʒ i. ter in die.

2d.—Delirium less active; expresses himself better; diarrhœa increased. ℞. Plumbi acet., gr. xviii.; opii pulv., gr. v. M. Div. in pil. No. vi. S. One after second discharge.

3d.—About the same as yesterday; cough rather troublesome; sibilant râles heard over both breasts; sordes on teeth. ℞. Pulv. ipecac. et opii, ʒ ss. Div. in ch. No. 6. One every four hours. Continue treatment.

4th.—Febrile symptoms very much diminished; pulse 100, weak; skin cool and moist; answers quite readily. Omit prescription of January 30th. ℞. Vin. alb., ʒ i., every four hours. Continue treatment.

5th.—Much the same as yesterday; gurgling in the right iliac fossa. Continue treatment.

6th.—Seemed rather stupid; muttering delirium; no diarrhœa. Omit prescriptions of Feb. 2d and 3d.

7th.—About the same; rather weaker; several spots on abdomen. Increase wine to ʒ iss. every three hours.

8th.—Comatose; does not answer questions. Continue wine, turpentine and quinine.

9th.—No better; pulse 90, rather weak; tongue discolored, dry and thickly furred. Continue treatment.

10th.—Died at 4 o'clock, P.M., apparently but little exhausted.

11th.—*Autopsy,* fourteen hours after death. *Head.*—Slight injection of vessels of cerebral membrane. Lateral ventricles of brain distended with fluid mixed with a purulent-looking substance. On the inferior aspect of the cerebellum and medulla oblongata was a copious deposit of lymph, from one fourth to three eighths of an inch in thickness, having a lobulated appearance and being quite firm. There was also a slight deposit of lymph in some of the fissures. *Thorax.*—Heart normal. Lungs healthy, with exception of slight congestion of posterior lobes. *Abdomen.*—Liver, stomach,

spleen, pancreas, kidneys and bladder natural in size and healthy. Peyer's glands very much thickened, and, in one or two instances, ulcerated. The solitary glands somewhat enlarged.

Further illustrations will be given in a future paper.

PROPYLAMIN IN TIC DOULOUREUX.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. S., aged 56 years, was attacked, in December last, with the form of neuralgia commonly known as "*tic douloureux.*" She had, before this, been a hard-laboring, but not a strong woman. The pain was very severe, amounting to paroxysms of the hardest kind, and did not yield to the common remedies. The usual chalybeates, vegetable tonics, anodynes and narcotics were administered, and subcutaneous injection was also resorted to. The stomach at last became irritable, and rejected both medicines and nourishment.

Narcotics and anodynes were then applied locally, and chloroform was administered largely, especially during the paroxysms. Blisters were next resorted to, and solutions of atropine and morphine were freely used on the blistered surface.

The pain gradually diminished, and the paroxysms became less frequent. Soon the patient began to recover her appetite, and the strength began to increase, so that on the first of the present month she was about the house, but not able to perform much labor.

About the 13th inst. she had another attack nearly like the first, but the pain was felt over a larger surface. It now extended along the side of the *nose*, back of the neck, through the shoulders and the length of the *left* arm. Much of the time, and especially during the paroxysms, she shrieked with pain. The remedies before used were resorted to, but without much effect.

Having heard of the *propylamin*, as prepared by J. R. Nichols & Co., being useful in cases of rheumatism and some nervous diseases, its use was suggested in this case, on the 15th inst., the patient at that time being no better. Twenty-five drops of propylamin were prepared with six ounces of water, and one tablespoonful was given to the patient once every two hours. After taking eight doses of the medicine, the pain had entirely left her. The blister had, during the same time, been occasionally dressed with the solution of morphia. The use of the propylamin was continued until March 18th, when she vomited a large quantity of a greenish-yellow fluid, and complained of great faintness and a sinking sensation at the pit of the stomach, accompanied by an intolerable *thirst*. The pain has not since returned, but a severe soreness remains wherever the pain has been; the use of the propylamin was discontinued.

March 20th.—The patient has no pain, but complains of a prickling, itching sensation in the shoulder-joints, along the spine, in the

knees, ankles and heels. The pain has not returned since before the vomiting began.

Not having had much experience in the use of propylamin, and never having known of its use in a case like this before, I should be glad to learn from those members of the profession who are better acquainted with its use, their experience, and also their opinion of its therapeutic action.

What would be the symptoms of an overdose?

Were the vomiting, faintness and intolerable thirst, produced by it?

Were the prickling and itching sensations, two days after, produced by the same cause?

I have great confidence that the propylamin was the chief cause of relieving the pain in the present instance; but the question arises whether these peculiar symptoms were produced by the medicine or not, as I know of no other cause for them.

What would be the antidote for an overdose of propylamin?

Barnet, Vt., March 21st, 1863. BENJ. F. EATON, M.D.

ON POISONING WITH STRYCHNIA.

M. GALLARD has recently undertaken a series of investigations on strychnia and its antidotes, the results of which are the following:—Previous to Palmer's trial, and the researches of M. Tardieu on the above subject, very little was known concerning it, and even in recent treatises on Medical Jurisprudence it is dismissed with few words. M. Gallard has collected all the cases hitherto observed, and has come to the conclusion, that a dose of strychnia varying from one to five centigrammes (about one-sixth to four-fifths of a grain) is sufficient to destroy life. One or two centigrammes are enough to give rise to severe symptoms, and, if it is swallowed, two-fifths of a grain are necessary to produce death: if the stomach is full of food at the time of taking the poison, a larger dose than this may not cause any serious consequences; and if it is administered at sufficiently long intervals, much larger doses may be taken with impunity. The commencement and course of the symptoms are very rapid; either death ensues within a few hours, or a complete cure results after one or a few days, with very rare exceptions. The most prominent symptom is spontaneous tetanic spasms, which are produced at intervals, and are increased or excited by the most trifling noise or contact with the patient. During the time between the injection of the poison and the first convulsive fits the patient is able to walk about. The touch which excites or increases the convulsion is far from painful, and patients frequently request bystanders to take strong hold of them, or to rub them during the spasms. The pupils are always dilated—at least, during the fit; in

one instance only has this symptom not been mentioned, but this is, perhaps, due to a want of sufficient detail in the description of the case. The other symptoms and the post-mortem examinations offer nothing peculiar, except, perhaps, cadaveric rigidity, which commences much more rapidly, and is more complete and more prolonged, than under normal circumstances. Much stress has been laid on the appearance of the heart and the nervous centres after death, but without sufficient reason. Regarding the treatment, M. Gallard has endeavored to determine by which therapeutical agents the symptoms of the disease may be modified, in order that we may recognize poisoning by strychnia, even when masked by a more or less energetic medication, and also to find out whether there is a really efficacious antidote against this substance. His researches have not embraced the means of evacuating this poison, nor those which may chemically destroy it before absorption has taken place; but he has only experimentally studied the antagonists of strychnia when absorbed, and after those symptoms have already set in which prove that its action on the nervous system has commenced. In order to render the result as certain and precise as possible, he injected into the subcutaneous cellular tissue a concentrated solution of the poison itself, and of the antidotes which have been recommended. Woorara, the properties of which are, according to some, contrary, and according to others, identical (?) with those of strychnia, seemed to him more a curiosity than anything else, as it would not be possible to the practitioner to procure it in a given case with the necessary celerity, and he has, therefore, omitted to investigate its action.

Morphia and coniine have, in the hands of M. Gallard, not justified the hopes which were entertained of these substances. On the contrary, they have rather accelerated than retarded the death of those animals to which he administered them as antidotes to strychnia. Atropine and inhalations of chloroform have also proved useless; and the only substance which really seemed to have any beneficial effect, was aconitine. An animal which had taken a dose of strychnia sufficient to kill it in ten or eleven minutes, survived two hours, and died at last with symptoms of poisoning by aconitine; another animal, to which a smaller dose of the latter poison had been given, recovered perfectly after half an hour; three days afterwards, in order to have an *experimentum crucis*, the same animal was given the same dose of strychnia, after which it died in seventeen minutes. A third animal, however, which was poisoned with 2 1-3 milligrammes of strychnia, died after seven minutes, in spite of the immediate administration of half a milligramme of aconitine, so that the latter cannot be considered an unfailing antidote to the former. —*Paris Correspondence of the London Medical Times and Gaz.*

HOSPITAL NOTES.

BELLADONNA IN EPILEPSY, &c.—At the Hospital for the Epileptic and Paralyzed, belladonna and its alkaloid, atropia, are still in favor as remedies for epilepsy. Under these remedies most patients with epilepsy, especially if they suffer much between the paroxysms, are benefited.

In treating epilepsy we must remember that, although in many cases we may not be able to cure, we can very often diminish the number of fits; and even if we cannot do that, the patient's general condition is often much improved. Many patients attend the Hospital who have had fits for very many years, and though they have no hope of being cured, they, nevertheless, experience great benefit, and are rendered capable of resuming a comparatively active life. Although this is not a cure, it is the next best thing to it.

The prescription generally used is—Extract of belladonna a quarter of a grain, quinine one grain, in a pill three times a day. Of atropine, one $\frac{1}{120}$ of a grain is given three times a day. Of both, the dose is gradually increased. Although given in increased doses, they are rarely observed to produce, in epilepsy, much physiological effect. Sometimes, however, the patients complain of dryness in the throat, and of defective sight. We think it will be noticed that patients with dark eyes suffer more from it, and that these patients are often hypermetropic.

When the sight is affected by belladonna or atropine, it is because the ciliary muscle is paralyzed partially or totally, and hence that the power of accommodation is impaired, or altogether lost. It is not likely that it is due to dilatation of the pupil, as in congenital irideremia the accommodation is good, and in a case recorded by Graefe, in which the whole of the iris was removed by operation, it remained perfect. It was lost, however, when atropine was put into the eye.

Patients, of course, complain a good deal when their sight is impaired, however little, by any course of treatment, but they can be assured that the defect is only temporary. In some cases of cataract belladonna has been used for years without injury to the eyes, and without losing its powers.

In no case have we noticed dulness of hearing to be produced by this drug. Very likely there may be some slight impairment of hearing which the patient does not notice. Very often there is tinnitus aurium, and some little defect of hearing attending it, but this is common in epilepsy whether belladonna be given or not. We have not noticed that patients have complained of increase of deafness under its use. If a solution of atropine were dropped into the ear it might then paralyze the small muscles of the ear, and produce defective accommodation of sound, if such a phrase is allowable.

Another method in which Dr. Brown-Séquard uses atropine in

epilepsy is to inject a solution of it and morphia into the part from which an aura starts. This was done in several cases with excellent results. A solution containing one sixtieth of a grain of atropine and a quarter of a grain of morphia is injected with Wood's syringe. In the several cases in which it was used it did not produce any immediate effects in the patients, and no giddiness, &c. The operation is not painful.

It is supposed that belladonna acts on the bloodvessels producing contraction. Ergot, also, Dr. Brown-Séquard believes, has this property; and hence their use in local inflammatory conditions of the brain and spinal cord. Ergot, he believes, has a greater action on the vessels of the spinal cord, and belladonna on those of the brain. In paraplegia from myelitis, a pill containing three grains of fresh ergot and a quarter of a grain of the extract of belladonna is given three times a day. The action of belladonna in arresting the flow of milk, and in causing dryness of the throat, may be explained also on the hypothesis of its diminishing the supply of blood to those parts.

Opium, Codeia, &c., in Sleeplessness.—The profuse administration of opium in delirium tremens is not so common as it was. It appears to be recognized that, as Dr. C. J. B. Williams points out in his "Principles of Medicine," there is a condition in which a patient is "too weak to sleep," and that, therefore, the best plan to induce sleep is not to attempt to tyrannize over the nervous system by opium, but to support the system by tonics, and stimulants, and nutrients; then, when the patient is strong enough to bear it, opium may be given. We write these remarks, not in reference to any recent case, but to some which occurred in the hospitals some time ago.

Dr. Brown-Séquard sometimes gives codeia in cases in which it is important to produce sleep. If we wished blindly to compel sleep, opium would be our remedy; but many can, no doubt, call to mind cases of death in delirium tremens after the profuse administration of opium. "Apoplexy with contracted pupil" is, we believe, the name given to such deaths. Again, in cases where we feel justified in giving opium to induce sleep, the manifest disadvantages of doing this at the risk of producing dyspepsia, constipation, and symptoms of "congestion of the brain," make the choice of some other narcotic desirable. In one case, in which codeia, one of the alkaloids of opium, was given, it produced sleep, and was not followed by any of the disagreeable symptoms of confusion in the head, which the patient complained of after taking morphia. It is stated by Dr. Neligan to be half the strength of opium only; but in this case it produced, in similar doses, precisely the effect of an equal quantity of morphia. The dose given was two thirds of a grain, in pill.

Codeia is contained in much smaller quantity in opium than morphia; so that in prescribing opium equivalent to a grain of morphia, we give only one sixteenth to one thirtieth of a grain of codeia.

At the Middlesex Hospital, Dr. Goodfellow employs the plan of subcutaneous injection of opium, in order to get the patient to sleep in delirium tremens. He thinks that it acts more quickly, and produces less constitutional disturbance than the plan of administering it by the mouth. Of course he employs other means, both dietetic and medical.—*Medical Times and Gazette.*

Army Medical Intelligence.

To the Surgeon-General. NEWBERN, N. C., March 20th, 1863.

SIR,—Your kind letter of the 5th inst. has been received. I have communicated to the other surgeons in this Department your desire to have a copy of the medical history of their respective regiments, such as was furnished the Medical Inspector.

I presume that before this time you have had full details of the "malarial disease," as it is called, which now prevails here; the disease is not malarial in its origin. The fact that it prevails in the winter, when malarious disease does not originate; that it prevails among troops recently arrived here; that it is not paroxysmal in its character; that it is not modified by quinine; and that the pathological changes are totally unlike those which occur in paludal disease, all prove that it is not due to miasm.

I. *Cause.*—That the disease is caused *generally* by living in barracks made of green lumber, and insufficient ventilation, is obvious. The 43d, 45th and 51st regiments were encamped as near together as it was possible for them to be. The former was in tents, and had none of the disease. The two latter were in barracks, and in about four weeks after their arrival the disease began to appear. Upon the average, two cases and two deaths per week occurred in each of these regiments. At last the prevalence of the disease created alarm, and the 45th were ordered to change their quarters; this being done, no new cases appeared. The disease continued to prevail in the 51st until they were removed from barracks, when it suddenly disappeared. What has been said of the 45th and 51st, is also true of the 44th.

The barracks are made of perfectly green hard-pine lumber, and so constructed as to allow only 180 feet of air to each man, with no adequate ventilation. During the stay of the 45th in barracks they had five cases, all of which were fatal. The 51st have had seventeen cases, all of which have been fatal. The 44th have had twenty cases, twelve of which have been fatal; the remaining eight are now under treatment. One case of this disease occurred in my regiment last summer, in a man who was employed in building a block-house of green timber; he occupied the building as his quarters.

I have said that the disease is *generally* caused by living in barracks made of green lumber; but this is not the only cause, for a few cases have occurred among troops not thus quartered. A lad nine years old,

son of one of our officers, was attacked with the disease; he lived in a good brick house, and was in all respects well cared for, and, up to the time of the attack, had been perfectly healthy. His case exactly resembled those which occurred among the troops—in fact it was a *pattern* case.

The victims of this disease, so far as my observation extends, have been the most healthy and vigorous men. I have conversed with several of the most intelligent people who reside here (including a physician), and they all agree in the statement that the disease, as an epidemic, never existed here before.

II. *Symptoms.*—The patient is attacked, without warning, with a rigor more or less severe; pain in the head, back and legs, the latter being the most severe; delirium; vomiting; thick white coat on the tongue; bowels constipated; sometimes retention of urine. In some cases "petechiæ" of large size are extremely plentiful from the *outset*, in other cases this symptom does not appear. In some cases the force of the disease is so great as to destroy life within twelve hours; in others, the patient continues to live without marked change in the symptoms until the strength gradually succumbs, in a period varying from two days to several weeks. I have not yet known a case of perfect recovery; the one nearest approaching it, that I have seen, was a case which came before the Board of Examiners for discharges, of which I am a member; this man was completely broken down; he had chronic iritis and permanent blindness of one eye.

III. *Pathology.*—Uniformly the disease is found to be inflammation of the meninges of the brain and spinal cord. When death occurs early, say in twelve hours after the attack, the arachnoid at the top of the brain is found to be opaque; the disease extends from this point to the base of the brain, and down the spinal cord. If the patient survives the attack for two or three days, large coagula of lymph are found beneath the dura mater, from the top of the brain to the cauda equina; at this stage of the disease the lymph is of a greenish-yellow color, and partially disorganized; there is also some softening of the cerebral substance, but I have not yet seen pus. Sometimes the dura mater is adherent. There is also effusion of serum beneath the dura mater, and into the ventricles, amounting in some cases to five ounces. In many cases a considerable amount of congestion is found, but this condition is by no means constant. The disease appears to originate in the arachnoid. In all the cases that I have seen no other organic lesion has been found, acute or chronic, than the one above described, although the thoracic and abdominal viscera have been carefully examined.

IV. *Treatment.*—No treatment has been of any avail. When the disease first appeared it was supposed by those who had it in charge to be of malarious origin, and was consequently treated by quinine. Other cases have been treated antiphlogistically—by venesection, cupping, blisters, cold applications, sinapisms to extremities, cathartics and mercurials. When petechiæ appeared early in the disease it was treated as typhus, with oil of turpentine, &c., and supporting diet. These different plans of treatment have been combined as indicated by the symptoms, and, so far as my knowledge extends, without favorably modifying the course of the disease.

When I commenced this letter it was not my intention to trouble you with an account of this epidemic. I presume that you have had, or

will have, elaborate reports from those surgeons who are in charge of the regiments in which the disease has prevailed. This very imperfect and hasty sketch is made from memory, and of such facts as I have observed, and such as occur to me at the moment of writing.

The accompanying specimen shows how slight an injury (gun-shot) requires amputation. Private James McKnight was wounded at the battle of Whitehall, on the 16th of December last. He was struck in the left leg, just above the external malleolus, by a round musket ball, and did not at the time think himself much hurt. He walked from the battle-field to the hospital, about one third of a mile in the rear, where he remained until the 18th, when he was conveyed, together with the rest of the wounded, to Newbern—distance about forty miles. He was brought to the hospital under my charge on the 20th, when I saw him for the first time. Upon examination, no ball could be found, and it was clear that the missile had dropped from the wound. He was placed in bed, and water-dressing kept constantly applied; it soon became evident that the joint had been injured. Inflammation, followed by suppuration in the joint, supervened; the leg and foot became extensively involved, and the constitutional symptoms were such as to indicate immediate amputation. I performed this operation in the upper third of the leg, after which the patient made a rapid convalescence.

It is thought by many that amputations upon the battle-field are sometimes needlessly performed. This may be true, but I am sure that the reverse is often true. The golden opportunity for the operation is immediately upon the reception of the injury.* During the three engagements which took place upon the Goldsboro' expedition, about one hundred and fifty wounded men were brought to me. It was impossible for me to operate in every case which in my judgment required amputation, for want of time. I therefore selected the worst cases for operation, and left the remainder to "conservative surgery." I watched these cases afterwards, at the different hospitals, with great interest, and regret to say, that in every case of gun-shot fracture of the long bones,† for which primary amputation had not been done, the patient finally lost his limb, and in some cases his life also; while, on the other hand, those who had undergone primary amputation made rapid recovery in nearly every case.

During the expedition referred to, I performed eight primary amputations, and all recovered rapidly, and with no unpleasant symptom, except in one case, which was one of double amputation. Private Rand was struck by a round shot, which completely crushed his left arm, near the shoulder, and his right thigh near the knee. I amputated the arm at the shoulder-joint, and the thigh in the middle third. He was transported from Kinston to Newbern, partly by land and partly by water, and was about forty hours on the passage. He convalesced remarkably well for five weeks. The wound at the shoulder healed up entirely, and the wound of the thigh nearly so. At the end of five weeks he was attacked by intermittent fever, and finally died of

* The severe shock and depression of spirits which immediately follow severe wounds in civil life, do not often appear in those injured in battle, unless some vital organ is injured and the wound is mortal. On the contrary, the patients are in a high state of excitement and exhilaration, a condition highly favorable for immediate operation, which, if done at such time, produces no shock to the system; this condition, however, soon passes, and if not improved the golden opportunity is lost forever.

† Not including those of the hands and feet.

pyæmia, in about seven weeks after the reception of the injury. The remaining seven amputations were as follows, viz. :—four of forearm, one of arm, one of leg and one of thigh.

I trust you will pardon me for the length of my letter, for, as the parson said of his sermon, I haven't time to make it shorter.

I remain respectfully, your obedient servant,

I. F. GALLOUPE, *Surgeon 17th Mass. Vols.*

To the Surgeon-General. DORCHESTER, MASS., March 28th, 1863.

DEAR SIR,—I visited the camp at Readville yesterday, and was gratified with the matters I saw there. The field was muddy, and could not be otherwise at this season; but the barracks were all clean and comfortable, much more so than I could have expected from the condition of the grounds. I was especially gratified with the condition of the colored troops—the order, propriety and discipline of the men, and their attention to their comfort in their barracks. In this respect there was some fear; but my inspection showed that my fears were not well founded.

The troops were generally healthy. Several were suffering from colds, two with pneumonia, &c., in the hospital, and two had died. This was to be feared, from the greater proclivity of the colored race to pulmonary troubles.

The kitchens and the food of the colored men were as satisfactory as those of any other men in any of the camps. But I was pained to find the *privies*, of both the colored troops and of the other regiment or companies, in a *very foul* state. I took the officers with me to both, and they were themselves surprised and grieved to see such exhibitions of neglect, and both devised a remedy. These officers were new, and not yet acquainted with camp police, and wanted instruction as to the responsibility for and the means of removing such evils, which ought at once to be remedied.

With this exception, I was entirely satisfied with the condition of the camp.

I had another object in this visit—that is, to see the discipline and learn the susceptibility of discipline of the colored men. I watched their habits, manners, and bearing, both in barrack and in the field, separately and in companies; and so far as they were presented yesterday, I am happy to say that the enlistment of these men and of this class of people promises to be successful. I think His Excellency the Governor, who has taken great interest in this matter, has reason to be satisfied with the experiment, so far as it has been tried here.

Yours respectfully, EDWARD JARVIS.

SMALLPOX IN SCOTLAND.—During the past year the smallpox was very prevalent at Edinburgh and Leith. In the Report of the Registrar-General, it is stated that the disease was carried from Leith to several parts of Scotland, which raises the important question whether some legislative enactment is not necessary to prevent persons laboring under epidemic disease from travelling by railways, steamboats, or other public conveyances.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 9, 1863.

ANTIQUITY OF MAN.—Not many years ago it was thought highly irreverent, to use the mildest term, to entertain any opinions with regard to the natural history of this globe, which were not entirely in accordance with the biblical account of its creation as interpreted for us by the Fathers of the Church centuries before the new light of natural science broke forth to illuminate the darkness and ignorance of the past. How great that darkness was, we are learning each day we live, as nature makes some startling revelation to us from her newly-upturned pages—the graves of her buried history. Since the first ray of dawn enlightened us with the knowledge that the world was not made in six days, each year has added as many thousands of thousands to its probable age, as we recognize from time to time the number of separate creations which have lived and died, and given either place or birth to others still later upon its ever-increasing surface. At last man has learned that the history of the creation may be read more truthfully in impressions left upon stone tablets and in tangible witnesses than in pages written by theological writers, and that the geologist and palæontologist are the proper authorities to interpret the mystical words of Genesis. The origin of man, too, remained a "tabooed" subject until eminent naturalists, pushed to boldness by the very strength of their convictions, proclaimed the Adamic theory, as generally interpreted, impossible of application to the whole human family, and denied the unity of the races. In all the discussion which arose upon this question, few, even among the freest thinkers, dared hint that the birth of man might antedate the present geological epoch, and the rare exhibitions of fragmentary remains supposed by their discoverers to be human and pre-Adamic, have up to within a year or two always been the occasion of simple ridicule among men of science. But while eminent naturalists were laughing, an enthusiastic and undaunted French observer, M. Boucher de Perthes, of Amiens, had been collecting and writing about certain objects of flint found by him deeply buried in undisturbed beds of gravel in the Somme valley, associated with the remains of extinct mammalia, and deposited there in the drift period at a date anterior to that at which the surface of the earth assumed its present outline. There can be no question that these implements, rudely-shaped hatchets, knives and arrow-heads, were fashioned by the hand of man, and the collections gathered from these and other localities now furnish convincing proof that a human race lived and died upon this globe at a period when we thought it given up entirely to the sway of antediluvian monsters.

Since the publication of Mr. Darwin's work on the Origin of Species, many questions connected with the natural history of man, and once considered satisfactorily settled, because never before critically challenged, have become a matter of exciting discussion, and within a few months the literary and philosophical world has been most thoroughly aroused by the appearance of the works of Bishop Colenso on the Pentateuch, of Prof. Huxley on the Ape origin of Man, and of

Sir Charles Lyell on the Antiquity of Man. The conservatives in theology and science have been startled and put to their wit's ends to answer the doubts and arguments thus raised against their long-cherished opinions, and even such an authority as Prof. Owen has been shaken on points of fact.

It is not, however, our intention at this time to dwell upon these questions, of such deep interest in ethnology, and which will claim the attention of every student of nature and anatomy, but merely to allude to them in connection with investigations recently made in relation to races less ancient than those of the drift period above alluded to, but still old enough to show how erroneous is the Hebrew version of the length of man's existence upon the earth. The following succinct account of the Ancient Lake Habitations of Switzerland, the remains of which he had explored, was recently given by Mr. John Lubbock, F.R.S., in a Royal Institution lecture:—

"In the winters of 1854 and 1855 the rivers of Switzerland did not receive the usual supplies of rain, and the water in the lakes consequently fell much below its ordinary level, so that in some places a broad strand was left uncovered along the margin, and in others shallow banks were converted into islands. In a small bay on the Lake of Zurich the inhabitants increased their gardens by building a wall along the new water line, and slightly raised the level of the piece reclaimed by mud dredged from the lake. In the course of this dredging they found a great number of piles, deer-horns, and some implements. The researches at this place, conducted and described by Dr. F. Keller, were followed by similar investigations in other lakes, and proved that the early inhabitants of Switzerland constructed at least some of their dwellings above the surface of the water, as is done to this day by the Papous of New Guinea, whose circular or square-formed huts are grouped on wooden platforms a few feet above the water, supported by numerous piles driven into the mud and connected with the land by a narrow bridge. Herodotus (book v., chap. 16) describes the Pæonians living in a similar manner on Lake Prasias, in Thrace. The ancient Irish also erected fortresses, termed "crannoges," on their lakes. The Swiss "pfahlbauten" (pile-buildings) are especially described by M. Troyon in his "Habitations Lacustrines." The native archæologists, laboring hard in this new mine of research, have discovered a very large number of settlements formed of these buildings—e. g., in the Lake of Geneva, twenty-four; Lake Neufchâtel, twenty-six, &c. Judging from the objects found on their site, these buildings appear to be of three different eras, which Mr. Lubbock dwelt upon separately—the stone, bronze, and the iron ages. In the buildings of the stone era great numbers of axes, knives, arrow-heads, and implements of stone were found, mingled with others of bone, accompanied by pieces of broken pottery, the bones of the animals which had served as food, and what appeared to be bread and fruit. In the buildings of the bronze age these weapons, &c., were found made of bronze, with some attempts at ornaments, indicating a higher degree of civilization. At the settlement at Estavayer, Lake Neufchâtel, were found 214 objects in bronze, including pins, knives, bracelets, sickles, rings, buttons, &c. The pottery was better and more varied in form than that of the stone age, and there were found articles which afforded evidence of the existence of commerce. Both these ages are pre-historic. As time went on, the pileworks of Switzerland appear to have become gradually less numerous. In the stone age they were spread over the whole country; during the bronze era they were confined to the lakes of Western Switzerland; and during the last, the iron age, they are only found in the Lakes of Bienne and Neufchâtel. In the last appear copies of the bronze axes made in iron, just as in the early bronze celts were copies of the earlier stone axe. A field of battle at Tiefnau, near Berne, is remarkable for the number of iron weapons and implements found in it, accompanied by pieces of Gaulish and Massaliote money anterior to our era. After this period no more evidences of lake inhabitants are found on a large scale. A few fishermen may have lingered on the half-destroyed platforms; but the wants and habits of the

people had changed, and the age of pileworks was at an end. With regard to the age of these lake habitations, M. Morlot calculates for the bronze age an antiquity of from 3000 to 4000 years; for the stone age from 5000 to 7000 years; for the whole an age of about 11,000 years."

Suffolk District Medical Society.—At the annual meeting of the Society, held in Temple Place, Wednesday, April 1st, the following gentlemen were elected officers for the ensuing year:—*President*, Dr. D. H. Storer. *Vice President*, Dr. S. L. Abbot. *Secretary*, Dr. D. W. Cheever. *Treasurer*, Dr. C. D. Homans. *Librarian*, Dr. C. Ellis. *Supervisors*, Drs. G. H. Gay, D. McB. Thaxter, *S. Boston*. *Commissioner on Trials*, Dr. S. Durkee. *Censors*, Drs. F. E. Oliver, F. Minot, H. W. Williams, C. D. Homans, J. N. Borland. *Councillors*, Drs. J. Bigelow, G. Hayward, J. Homans, J. C. Dalton, J. Jeffries, P. M. Crane, *E. Boston*, J. Flint, D. H. Storer, H. Dyer, S. Morrill, A. A. Watson, A. A. Gould, J. B. S. Jackson, E. Palmer, H. I. Bowditch, H. G. Clark, J. B. Forsyth, *Chelsea*, J. M. Warren, G. C. Shattuck, J. W. Warren, C. E. Ware, W. J. Dale, S. L. Abbot, J. Ayer, W. W. Morland, S. Cabot, Jr., W. E. Coale, G. Hayward, Jr., J. S. Jones, H. J. Bigelow, F. Minot, A. B. Hall.

The President and Secretary were empowered to appoint delegates from the Society to the meeting of the American Medical Association to be held at Chicago in June next.

The following resolutions were passed by the Resident Medical Staff of Bellevue Hospital, in reference to the death of two of its members. They were young men, only a year in the profession, and were both natives of Massachusetts.

Whereas, in the midst of the faithful performance of their professional duties, the wisdom of an inscrutable Providence has seen fit to remove from our number Dr. Henry W. Cook and Dr. Wm. H. King, therefore be it

Resolved, That in their death we feel poignant sorrow and regret in the loss of those who have been associated with us in the closest ties of friendship and love, as well as in the common interests of a self-sacrificing profession.

Resolved, That with the relatives and friends of our deceased associates we do sincerely mourn as for a common brother, and that as an expression of our loss we will wear the usual badge of mourning for thirty days.

W. R. Gillette,
T. K. Chandler,
H. E. Paine,
} *Committee.*

Statistics of the Globe.—The following curious facts are stated by the *Abeille Médicale*:—The earth is inhabited by about 1,288,000,000 of inhabitants, viz.: 369,000,000 of the Caucasian race, 552,000,000 of the Mongolian race, 196,000,000 of the Ethiopian, 1,000,000 of the American Indian, and 200,000,000 of the Malay races. All these respectively speak 3064 languages, and profess 1000 different religions. The amount of deaths per annum is 333,333,333, or 91,954 per day, 3730 per hour, 60 per minute, or 1 per second; so that at every pulsation of our hearts, a human being dies. This loss is compensated by an equal number of births. The average duration of life throughout the globe is 33 years. One fourth of its population dies before the seventh year, and one half before the seventeenth. Out of 10,000 persons only one reaches his hundredth year, only one in 500 his eightieth, and only one in 100 his sixty-fifth. Married people live longer than

unmarried ones, and a tall man is likely to live longer than a short one. Until the fiftieth year women have a better chance of life than men, but beyond that period the chances are equal. Sixty-five persons out of one thousand marry. The months of June and December are those in which marriages are most frequent. Children born in spring are generally stronger than those born in other seasons. Births and deaths chiefly occur at night. The number of men able to bear arms is but an eighth of the population. The nature of the profession exercises a great influence on longevity: thus out of 100 of each of the following professions the number of those who attain their seventieth year is—among clergymen, 42; agriculturalists, 40; trades and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors, 27; and physicians, 24; so that those who study the art of prolonging the lives of others are most liable to die early, probably on account of the effluvia to which they are constantly exposed. There are in the world 335,000,000 of Christians, 5,000,000 of Jews, 600,000,000 professing some of the Asiatic religions, 160,000,000 of Mahometans, and 200,000,000 of Pagans. Of the Christians, 170,000,000 profess the Roman Catholic, 76,000,000 the Greek, and 80,000,000 the Protestant creeds.

Drs. G. E. Francis, D. H. Hayden and C. E. Vaughan, of the last class of graduates of the Harvard Medical School, have accepted appointments to serve on the hospital steamboats of the Western rivers. They are specially qualified for this service, having for the past year held the position of house pupils in the Massachusetts General Hospital. We feel sure they will be regarded as a valuable acquisition to the medical staff of the West.

Among the recent changes in the Medical Department of the Army, we notice that Surgeon James Bryan, a valued correspondent, has been assigned to duty in the Department of Tennessee.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, April 4th, 1863.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	36	34	70
Ave. mortality of corresponding weeks for ten years, 1853—1863,	36.6	37.0	73.6
Average corrected to increased population - - - - -	00	00	81.14
Death of persons above 90 - - - - - - - - -	0	0	0

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
19	2	4	7	0	0	0	1

Pamphlets Received.—The Sunbeam and the Spectrascope. By Howard Townsend, M.D. (From the Author.)—Complete Record of the Surgery of the battles fought near Vicksburg, Dec. 27, 28, 29 and 30, 1862. By E. Andrews, late Surgeon 1st Illinois Light Artillery.—Report of the Committee of the Overseers of Harvard College appointed to visit the Library for the year 1862.—Report of the Pennsylvania Hospital for the Insane for the year 1862.

Journals Received.—Edinburgh Medical Journal, March, 1863.—American Medical Times, vol. vi., Nos. 13 and 14.—The Lancet, vol. i., Nos. 7, 8 and 9, for 1863.—The Chemist and Druggist, vol. iv., No. 43.—The Medical and Surgical Reporter, vol. ix., Nos. 19, 20, 21 and 22.—The Dental Register of the West, March, 1863.—Chicago Medical Journal, March, 1863.—Chicago Medical Examiner, January, 1863.

Married,—In this city, March 31st, Dr Albert C. Johnson, of Lowell, to Miss Susie J. Floyd, of Billerica.—In Salem, March 26th, Edward C. Mundy, M.D., of Staten Island, N. Y., to Miss Laura Josephine Andrews, of Salem.

Deaths in Boston for the week ending Saturday noon, April 4th, 70. Males, 36—Females, 34.—Accident, 1—apoplexy, 1—disease of the blood, 1—congestion of the brain, 1—bronchitis, 1—consumption, 19—convulsions, 3—croup, 2—debility, 2—diphtheria, 1—dropsy, 1—dropsy of the brain, 1—scarlet fever, 4—gastritis, 1—infantile disease, 1—intemperance, 3—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 1—old age, 2—paralysis, 2—premature birth, 2—puerperal disease, 2—scrofula, 1—sore throat, 1—suicide, 1—unknown, 3—whooping cough, 3.

Under 5 years of age, 25—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 46—Ireland, 20—other places, 4.